

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Name FUCK	· '/	Fried Chicken	Telephone Number 912-945-8498	Date of Inspection (mm/dd/yr) 19-163		PERMIT #
		ss (nu	mber and street, city, state, zip code) New Albany, IN 47150	812-246-8283			163
Owner	lire	50	hleicher	Purpose:	l `		e Pate La /S
Owner's A	ddress			2. Follow-up		ummary of Violations:	
Person in C	Charge	Da	Kota Crase	3. Complaint 4. Pre-Operational	NC Z R 1		
Responsible				5. Temporary 6. HACCP			
Certified F	ood Mana	ger J	Dakota Crase 10-24-21	7. Other (list)			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Co	rrected By
392	NC	R	Observed both dumpste	- lids open.		tod	ay
416	NC		Observed doad insects	in corners o	<u>F</u>	·	
		Stock room & in Stock room light				1 we	cK
	ļ . <u>.</u>	ļ	Shields			ļ ,	
431	NC	<u> </u>	Observed Spill on walkway near outdoor Z days				
			fauchet. (south side)				
		<u> </u>	Observed dropped food item	3 d	ays		
	under propline, under counter and						
on flour in lobby drink cabinet							
- Check & clean more frequently							
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			e de la companya della companya dell	<u> </u>	· .		
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Received by (name and title printed): Dakota Cruse (Aym) Inspected by (name and title printed): Thomas Snide, EHS							
Received by (signature): Inspected by (signature):							
CC: CC:							
			"				